FISCAL YEAR 2002

DEPARTMENT HEAD ANNUAL SIGNATURE AUTHORIZATION CERTIFICATION OF NO CHANGE FORM

(To be used for Department Head ANNUAL Signature Authorization Recertification)

OFFICE OF THE COMPTROLLER

[Instructions for completing this form are provided on the back of this page.]

PLEASE SUBMIT COMPLETED FORMS TO: Office Of The Comptroller, C/O Signature Control Supervisor, One Ashburton Place, 9th Floor, Boston MA 02108

Budget Fiscal Year ¹ :	Department Name ² :		Department Alpha Code ² :	
Department Contact Pers	son ³ :	Telephone(Please include are	a code) ³ : ()	
	Signature by the Department Ho that the Department Head ha authorization form(s) previously to what has been previously filed.	s "personally reviewed filed and certifies that no	the current signature	
	<u>REMINDERS</u> (1) Signature Authorizations for New Depo Structural Changes must be submitted utiliz Form.	, <u>*</u>	0 , 0 ,	
	(2) Signature Authorizations that reflect change NUMBER 1 ABOVE, must be submitted utilications. Change Form			
	(3) When utilizing the Recertification process therefore it is critical that departments keep co		•	
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head or secretary by gene certification that the doc	nt head or secretary below shall certify that the algral or special law. Signatures authorizing a department upon which the signature appears, and on shall not relieve the department head or secretary.	rtment's legal obligations, contracts, any attachments, are accurate and	payments, payrolls and other fiscal tra complete and comply with all applica	nsactions shall be interpreted as ble general and special laws an
XDEPARTMENT	HEAD OR SECRETARY SIGNATURE 10	DATE:	11	
	TO MENTE VIEW DISCORDETTA DAVIS EVILLA NAME	512		